	L	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004								Application or Docket Number 10/5/6858				
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E		OR	OTHE	R THAN ENTITY	
	n	OTAL CLAIM	ıs				,	7	RATE	FEE	1	RATE	FEE	
	FC	R		NUMBER	NUMBER FILED		MANGER EXTRA		BASIC FEE			-	-	
	100	ITAL CHARGE	ARLE CLAIMS	23.	23 minus 20 -		. 2				1	evec tét	 	
		DEPENDENT C	LARKS	1	2 minus 3 e		-3		X\$9-	27	OR	X \$ 18 =		
Armol:	H							1	X\$44 =		OR	X\$88 =		
	MULTIPLE DEPENDENT CLAIM PRESENT								• \$ 150 =		OR	+ \$ 300 =		
	* If the difference in column 1 is less than zero, enter ** in column 2								TOTAL	582	OR	TOTAL		
	CLAIMS AS AMENDED - PART II						20.4		SMALL	ENTITY	OR	OTHE		
			CLANS	T	(Cobs	EST	(Column 3)	1	SAUCE	ADDL) 	SHALL		
	AMENDMENT A		REMINIDIG AFTER AMEROMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	TIONAL	0	RATE	ADDI- TICHAL FEE	
₹		Total	. 23	Minus	-a)	}	• 0		X\$9=		OR	X \$ 18 =	7	
¥		Independent	1 2	Minus	··· 3	•	. 0		X\$44=		CR	-X\$88=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+ \$ 150 =		OR	+ \$ 300 =	7	
									TOTAL ADDST. FEE		OR	TOTAL ADDIT, FEE		
	(Column 2) (Column 3)													
	AMENDACENT B		REMANUIG AFTER AMENOMENT		PREVIOUS PAIDS	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL PEE		RATE	ADDI- TIONAL FEE	
		Total	. 23	Llinus	-2	3			X\$9=	7	OR	X \$ 18 =		
ı		Independent	. 2	Minus	•••	3	•		X\$44=	\neg	OR	= 88 & X		
ı	•	FIRST PRES	ENTATION OF A	CLITIPLE DEP	ENDENT (MAX		Ī	+ \$ 150 =	\neg	OR	+\$300 -		
ſ	Ī	1910						-	TOTAL VODIT, FEE		OR	TOTAL MOOTT. FEE		
		110	(CLAMS		(Column		(Column 3)	·F	•	4000	ſ		4000	
	AKEND	•	REMARKS AFTER AMENDMENT		PRIEVIOU PAID FI	ISLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		Total	:22	Minus	- 2	3	• /		*89°		OR	X \$ 18 =	71	
		Independent	. 2	Minus	5	?	-		X841		OR	X \$ 89 6		
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM							\$/50 -		OR	\$ 300 -		
				4	TOTAL DOTT. FEE		OP.	TOTAL LOCAT. FEE						
		If the coty in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid For" OI THUS SPACE is less than "20", exter "20". If the "Highest Number Previously Paid For" OI THUS SPACE is less than "1", enter "2". The "Highest Number Paid And Paid For" (Cotal or Independent is the Displant number found in the appropriate box in column 1.												

(Fax 11/2000)